

# TRANSMITTAL FORM

|  |                      |                    |
|--|----------------------|--------------------|
|  | Attorney Docket No.  | SCM-003            |
|  | Confirmation No.     | 9222               |
|  | Application Number   | 10/573,147         |
|  | Filing Date          | May 5, 2008        |
|  | First Named Inventor | Rao BS Bhaskar     |
|  | Group Art Unit       | 2431               |
|  | Examiner Name        | Avery, Jeremiah L. |
|  | Patent No.           | Not yet assigned   |
|  | Issue Date           | Not yet assigned   |

**ENCLOSURES (check all that apply)**

|   |  |  |
|---|--|--|
| <input type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Check Attached<br><input type="checkbox"/> Copy of Fee Transmittal<br><br><input checked="" type="checkbox"/> Amendment/Response<br><input type="checkbox"/> Preliminary<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> After Allowance<br><br><input type="checkbox"/> Terminal Disclaimer<br><br><input checked="" type="checkbox"/> Petition for Extension of Time<br><br><input type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Form PTO-1449<br><input type="checkbox"/> Copies of IDS Citations<br><br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><br><input type="checkbox"/> Sequence Listing submission<br><input type="checkbox"/> Paper Copy/CD<br><input type="checkbox"/> Computer Readable Copy<br><input type="checkbox"/> Statement verifying identity of above | <input type="checkbox"/> Request For Continued Examination (RCE) Transmittal<br><br><input type="checkbox"/> Transmittal of Replacement Drawing(s)<br><br><input type="checkbox"/> Replacement Drawing(s)<br><br><input type="checkbox"/> Executed Declaration for Utility or Design Patent Application<br><br><input type="checkbox"/> Executed Power of Attorney to Prosecute Patent Applications Before the USPTO with Copy of Executed Assignment Document<br><br><input type="checkbox"/> Revocation of Power of Attorney With New Power of Attorney and Change of Correspondence Address<br><br><input type="checkbox"/> CD(s) for large table or computer program | <input type="checkbox"/> Request for Certificate of Correction<br><br><input type="checkbox"/> Certificate of Correction<br><br><input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences<br><br><input type="checkbox"/> Appeal Brief<br><br><input type="checkbox"/> Status Inquiry<br><br><input type="checkbox"/> Return Receipt Postcard<br><br><input type="checkbox"/> Certificate of Facsimile Transmission under 37 C.F.R. 1.8<br><input type="checkbox"/> Additional Enclosure(s) (please identify below) |
|---|--|--|

| CORRESPONDENCE ADDRESS  | SIGNATURE BLOCK  |
|---|--|
| Direct all correspondence to: Patent Administrator<br>Proskauer Rose LLP<br>One International Place<br>Boston, MA 02110-2600<br>Tel. No.: (617) 526-9600<br>Fax No.: (617) 526-9899 | Respectfully submitted,<br><br>/Stephen M. Cohen #67,141/<br>Stephen M. Cohen<br>Attorney for the Applicant(s)<br>Proskauer Rose LLP<br>One International Place<br>Boston, MA 02110-2600 |